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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization AMERICAN ACADEMY OF DERMATOLOGY INC		<b>D</b> Employer identification number  41-0793046
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number  (847) 330-0230
	City or town, state or province, country, and ZIP or foreign postal code SCHAUMBURG, IL 60173		<b>G</b> Gross receipts \$ 52,963,553
	<b>F</b> Name and address of principal officer STEVEN DEBNAR 930 EAST WOODFIELD ROAD SCHAUMBURG,IL 60173		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.AAD.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1959	<b>M</b> State of legal domicile MN

Part I

Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities PROMOTING LEADERSHIP IN DERMATOLOGY AND EXCELLENCE IN PATIENT CARE THROUGH EDUCATION, RESEARCH, AND ADVOCACY		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	28
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	21
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	180
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	792
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,196,318
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	353,745
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g) . . . . .	4,117,608	6,445,618
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	21,319,744	20,685,393
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,880,765	2,237,529
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,721,251	2,524,386
			31,039,368	31,892,926
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	1,021,448	835,197
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,624,424	14,862,727
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶1,025,440		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	13,992,397	14,718,101
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,638,269	30,416,025
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	1,401,099	1,476,901
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	67,561,081	70,290,412
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	22,924,202	22,740,958
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	44,636,879	47,549,454

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer		2015-10-19 Date		
	STEVEN DEBNAR CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID LOWENTHAL	Preparer's signature DAVID LOWENTHAL	Date 2015-10-19	Check <input type="checkbox"/> if self-employed	PTIN P00378651
	Firm's name ▶ PLANTE & MORAN PLLC			Firm's EIN ▶ 38-1357951	
	Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR  CHICAGO, IL 60606			Phone no (312) 207-1040	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part IIISTatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

TO ASSURE THAT DERMATOLOGISTS HAVE ACCESS TO THE HIGHEST QUALITY EDUCATION, RESEARCH AND INNOVATIONS IN THE FIELD, AND THAT PATIENTS AND THE PUBLIC HAVE ACCESS TO THE HIGHEST QUALITY MEDICAL AND SURGICAL DERMATOLOGIC CARE AND TO INFORMATION REGARDING PREVENTION, CARE AND TREATMENT OF DERMATOLOGIC CONDITIONS TO FACILITATE THE EFFICIENT DELIVERY OF QUALITY DERMATOLOGIC CARE, DEVELOP EVIDENCE-BASED CLINICAL GUIDELINES, AND PROMOTE RESEARCH IN AND PREVENTION OF DISEASES OF THE SKIN, HAIR, AND NAILS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 3,990,076 including grants of \$ 189,400 ) (Revenue \$ 17,398,943 )

SCIENTIFIC ASSEMBLY - THIS INCLUDES THE ANNUAL AND SUMMER SCIENTIFIC AND EDUCATIONAL MEETINGS THESE MEETINGS ARE ATTENDED BY MORE THAN 19,000 DERMATOLOGISTS, OTHER PHYSICIANS, ALLIED MEDICAL PERSONNEL, AND OTHERS THESE TWO PROGRAMS COMBINED PRESENT MORE THAN 500 INDIVIDUAL EDUCATIONAL SESSIONS PROVIDING RESULTS OF CURRENT RESEARCH AND RECENT ADVANCES IN THE DIAGNOSIS, MANAGEMENT AND TREATMENT OF DERMATOLOGIC CONDITIONS AND DISEASES, AND ADDRESS ISSUES OF PATIENT SAFETY, QUALITY OF CARE AND PRACTICE MANAGEMENT IMPROVEMENT

4b

(Code ) (Expenses \$ 1,723,924 including grants of \$ ) (Revenue \$ 433,404 )

COMMUNICATION & PUBLICATIONS - A RANGE OF PROGRAMS FOCUS ON IMPROVING PUBLIC HEALTH BY PROVIDING INFORMATION ABOUT DERMATOLOGIC CONDITIONS AND THE IMPORTANCE OF SKIN CARE AS A COMPONENT OF OVERALL HEALTH A PRIMARY FOCUS IS ON THE GOAL OF REDUCING MORTALITY FROM SKIN CANCER IN 10 YEARS AND ITS INCIDENCE IN 30 YEARS THESE EFFORTS ARE CARRIED OUT THROUGH USE OF PATIENT INFORMATION PAMPHLETS, A PUBLIC WEB SITE, PUBLIC INFORMATION CAMPAIGNS, FREE SKIN CANCER SCREENINGS, GRANTS TO SUPPORT BUILDING OF SHADE STRUCTURES, AND OTHER ACTIVITIES ESTIMATES ARE THAT MORE THAN 1,500,000 INDIVIDUALS HAVE BEEN REACHED ANNUALLY THROUGH THESE EFFORTS

4c

(Code ) (Expenses \$ 1,338,490 including grants of \$ 70,000 ) (Revenue \$ 139,040 )

EDUCATION AND EVALUATION IN ADDITION TO THE ANNUAL AND SUMMER MEETINGS, AS AN ACCREDITED CONTINUING EDUCATION PROVIDER, THE ACADEMY PRESENTED THREE REGIONAL DERMATOLOGY COURSES AND RESIDENT PRACTICE MANAGEMENT COURSE WHICH HAD COMBINED ATTENDANCE OF ALMOST 1,000 WE ALSO PRODUCE A VARIETY OF ENDURING EDUCATION MATERIALS (IN PRINT, DIGITAL AND WEB BASED FORMATS) AS WELL AS SELF ASSESSMENT PRODUCTS AND MAINTENANCE OF CERTIFICATION SELF-ASSESSMENT PRODUCTS TO SUPPORT DERMATOLOGISTS IN STAYING CURRENT IN PRACTICE AND MEDICAL CERTIFICATION REQUIREMENTS

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 12,545,376 including grants of \$ 575,797 ) (Revenue \$ 502,232 )

4e



















Total program service expenses

19,597,866

Form 990 (2014)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	176	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	180	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	STEVE DEBNAR

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			



**Part VII**   **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	3,565,214	0	828,807

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 43

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PSAV 925 FREEPORT PARKWAY SUITE 100 COPPELL, TX 75019	AUDIO VISUAL SERVICES	1,927,027
FREEMAN 5040 W ROOSEVELT RD CHICAGO, IL 60644	CONVENTION SERVICES	456,035
EXPERIENT INC PO BOX 932320 CLEVELAND, OH 44193	OUTSOURCED/CONFERENCE TECH SERVICES	451,943
POWERS PYLES SUTTER 1501 M STREET NW WASHINGTON, DC 20005	LEGAL SERVICES	291,957
DIAMOND MARKETING SOLUTIONS 231318 MOMENTUM PLACE CHICAGO, IL 60689	FULFILLMENT SERVICES	258,538

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶33

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,445,618			
	g	Noncash contributions included in lines 1a-1f \$	325,560			
	h	Total. Add lines 1a-1f . . . . .	6,445,618			
Program Service Revenue	2a	ANNUAL NAT'L MEETINGS	Business Code 900099	16,215,938	15,949,233	266,705
	b	ROYALTY INCOME	900099	3,539,842		3,539,842
	c	ADVERTISING INCOME	541800	929,613	929,613	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	20,685,393			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,160,691			1,160,691
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			21,902,658			
	b	Less cost or other basis and sales expenses	20,825,820			
	c	Gain or (loss)	1,076,838			
	d	Net gain or (loss) . . . . .	1,076,838			1,076,838
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
			2,742,057			
	b	Less cost of goods sold . . . . . b	244,807			
	c	Net income or (loss) from sales of inventory . . . . .	2,497,250	2,497,250		
	Miscellaneous Revenue		Business Code			
	11a	OTHER REVENUE	900099	27,136	27,136	
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	27,136			
	12	Total revenue. See Instructions . . . . .	31,892,926	18,473,619	1,196,318	5,777,371

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	422,672	422,672		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	186,700	186,700		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	225,825	225,825		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,252,279	1,506,025	1,746,254	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	8,904,575	5,745,482	2,793,751	365,342
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	774,211	508,502	228,754	36,955
9	Other employee benefits.	1,201,342	836,101	335,722	29,519
10	Payroll taxes.	730,320	466,470	236,781	27,069
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	221,660	9,677	211,983	
c	Accounting.	62,820		62,820	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	152,204		152,204	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,606,623	2,313,822	253,007	39,794
12	Advertising and promotion.	691,516	682,432	1,207	7,877
13	Office expenses.	1,227,125	818,777	268,457	139,891
14	Information technology.	776,659	7,604	759,711	9,344
15	Royalties.				
16	Occupancy.	583,554		583,554	
17	Travel.	2,122,423	1,373,430	548,176	200,817
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,460,894	4,145,963	153,708	161,223
20	Interest.	84,673		84,673	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,041,914		1,041,914	
23	Insurance.	147,016	61,293	85,723	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	UNRELATED BUSINESS INCO	155,824	155,824		
b	STAFF EDUCATION	155,706	62,570	90,355	2,781
c	MEMBERSHIP DUES	73,838	20,479	49,080	4,279
d	RECRUITMENT EXPENSE	61,475		61,475	
e	All other expenses	92,177	48,218	43,410	549
25	Total functional expenses. Add lines 1 through 24e.	30,416,025	19,597,866	9,792,719	1,025,440
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,055,461	1	2,722,685
	2	Savings and temporary cash investments		5,014,667	2	6,270,160
	3	Pledges and grants receivable, net		838,825	3	2,448,357
	4	Accounts receivable, net		2,733,988	4	2,314,813
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		578,576	8	408,717
	9	Prepaid expenses and deferred charges		1,196,065	9	1,508,488
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a22,350,739			
	b	Less accumulated depreciation	10b12,794,840	10,025,305	10c	9,555,899
	11	Investments—publicly traded securities		40,505,129	11	41,360,926
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,613,065	15	3,700,367
	16	Total assets. Add lines 1 through 15 (must equal line 34)		67,561,081	16	70,290,412
Liabilities	17	Accounts payable and accrued expenses		3,825,659	17	3,282,533
	18	Grants payable			18	
	19	Deferred revenue		10,029,582	19	10,822,020
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,000,000	23	3,500,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,068,961	25	5,136,405
	26	Total liabilities. Add lines 17 through 25		22,924,202	26	22,740,958
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		36,936,869	27	38,110,313
	28	Temporarily restricted net assets		5,356,895	28	7,096,026
	29	Permanently restricted net assets		2,343,115	29	2,343,115
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		44,636,879	33	47,549,454
	34	Total liabilities and net assets/fund balances		67,561,081	34	70,290,412

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,892,926
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,416,025
3	Revenue less expenses Subtract line 2 from line 1	3	1,476,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,636,879
5	Net unrealized gains (losses) on investments	5	-263,899
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,699,573
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,549,454

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:  
Software Version:  
EIN: 41-0793046  
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
JOURNAL OF THE AMERICAN ACADEMY OF DERMATOLOGY - THE OFFICIAL CLINICAL JOURNAL OF THE ACADEMY IS PUBLISHED MONTHLY AND FEATURES ORIGINAL, PEER-REVIEWED ARTICLES ON THE LATEST ADVANCES IN THE PREVENTION, DIAGNOSIS, AND TREATMENT OF DERMATOLOGIC DISORDERS ITS AUDIENCE INCLUDES DERMATOLOGISTS, PEDIATRIC DERMATOLOGISTS, DERMATOLOGIC SURGEONS, DERMATOPATHOLOGISTS, RESIDENTS, AND PHYSICIAN ASSISTANTS AND IT IS INDEXED IN INDEX MEDICUS, SCIENCE CITATION INDEX, CURRENT CONTENTS/CLINICAL MEDICINE, AND MEDICINE IT HAS A CIRCULATION OF ABOUT 17,000				
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
SCIENCE, RESEARCH, QUALITY AND PRACTICE - INCLUDES THE DISTILLATION AND RATING OF EVIDENCE AND DISSEMINATION OF BEST PRACTICES IN THE PRACTICE OF DERMATOLOGY VIA CLINICAL PRACTICE GUIDELINES, PERFORMANCE MEASURES, AND OTHER TOOLS, SCIENTIFIC SUPPORT FOR PUBLIC AND HEALTH POLICY MESSAGING AND EDUCATIONAL PROGRAMS, AND SURVEY RESEARCH PROVIDE ACADEMY MEMBERS WITH ASSISTANCE AND EDUCATION RELATED TO APPROPRIATELY RUNNING AN EFFICIENT PRACTICE INCLUDING COMPLIANCE WITH RELEVANT REGULATIONS, IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY, QUALITY IMPROVEMENT, AND GENERAL PRACTICE MANAGEMENT ISSUES				

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	12,545,376	including grants of \$	575,797 ) (Revenue \$	502,232 )
OTHER PROGRAM SERVICES - OVER 200 PROGRAMS					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRETT M COLDIRON MD ..... PRESIDENT OF THE BOARD	30 00 ..... 0 00	X		X				127,750	0	0
(1) MARK LEBWOHL MD ..... PRESIDENT-ELECT OF THE BOARD	2 00 ..... 0 00	X		X				30,000	0	0
(2) ELISE A OLSEN MD ..... VICE PRESIDENT OF THE BOARD	2 00 ..... 0 00	X		X				30,000	0	0
(3) TIMOTHY G BERGER MD ..... VICE PRESIDENT-ELECT OF THE BOARD	1 00 ..... 0 00	X		X				10,750	0	0
(4) SUZANNE M OLBRICHT MD ..... SECRETARY-TREASURER OF THE BOARD	15 00 ..... 0 00	X		X				157,000	0	0
(5) BARBARA MATHES MD ..... ASSISTANT SECRETARY-TREASURER OF THE BOARD	5 00 ..... 0 00	X		X				50,000	0	0
(6) DIRK M ELSTON MD ..... IMMEDIATE PAST PRESIDENT OF THE BOARD	20 00 ..... 0 00	X		X				79,432	0	0
(7) LISA A GARNER MD ..... IMMEDIATE PAST VICE PRESIDENT OF THE BOARD	2 00 ..... 0 00	X		X				10,000	0	0
(8) NEAL D BHATIA MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(9) KEVIN D COOPER MD ..... BOARD DIRECTOR	0 50 ..... 0 00	X						0	0	0
(10) SHEILA FALLON FRIEDLANDER MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(11) JANE M GRANT-KELS MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(12) ROBERT T BRODELL MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(13) JULIE A HODGE MD MPH ..... BOARD DIRECTOR	0 50 ..... 0 00	X						0	0	0
(14) GEORGE J HRUZA MD MBA ..... BOARD DIRECTOR	0 30 ..... 0 00	X						750	0	0
(15) PAUL A STORRS MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(16) STEPHEN H MANDY MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(17) JACK S RESNECK JR MD ..... BOARD DIRECTOR	2 80 ..... 0 00	X						7,500	0	0
(18) KATHRYN SCHWARZENBERGER MD ..... BOARD DIRECTOR	2 50 ..... 0 00	X						0	0	0
(19) ABEL TORRES MD JD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(20) ROBERT D DURST JR MD ..... BOARD DIRECTOR	1 00 ..... 0 00	X						0	0	0
(21) ALICE B GOTTLIEB MD PHD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(22) THOMAS E ROHRER MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						3,000	0	0
(23) PHOEBE RICH MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(24) JAMES M SPENCER MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ILONA J FRIEDEN MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(1) DEE ANNA GLASER MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(2) RONALD P RAPINI MD ..... BOARD DIRECTOR	0 30 ..... 0 00	X						0	0	0
(3) ELAINE C WEISS ..... EXECUTIVE DIRECTOR & CEO	45 00 ..... 0 00			X				504,147	0	164,272
(4) STEVEN J DEBNAR ..... CHIEF FINANCIAL OFFICER	43 00 ..... 0 00			X				154,421	0	55,903
(5) BARBARA GREENAN ..... SENIOR DIRECTOR, ADVOCACY & POLICY	47 00 ..... 0 00				X			239,330	0	42,350
(6) SARAH TANCREDI ..... MANAGING DIRECTOR, ADMINISTRATION	42 00 ..... 0 00				X			230,269	0	64,723
(7) NAHEED ALI ..... SENIOR DIRECTOR, COMMUNITY, CORPORATE & PHILANTHRO	50 00 ..... 0 00				X			208,266	0	56,956
(8) MELANIE TOLLEY HALL ..... SENIOR DIRECTOR, INTEGRATED COMMUNICATIONS	48 00 ..... 0 00				X			195,043	0	39,629
(9) ERIK HORN ..... DIRECTOR, INFORMATION TECHNOLOGY	41 00 ..... 0 00				X			173,617	0	29,138
(10) SHAWN FRIESEN ..... DIRECTOR, LEGISLATIVE, POLITICAL & GRASSROOTS ADVO	46 00 ..... 0 00				X			173,495	0	57,226
(11) TIMOTHY MOSES ..... DIRECTOR, MEETINGS & CONVENTIONS	48 00 ..... 0 00				X			168,088	0	37,465
(12) DEBRA GIST ..... SENIOR DIRECTOR, EDUCATION	39 50 ..... 0 00				X			173,592	0	39,138
(13) LARA LOWERY ..... DIRECTOR, CREATIVE & PUBLISHING	44 00 ..... 0 00				X			153,932	0	31,707
(14) LESLIE LLOYD ..... DIRECTOR, REGULATORY & PAYMENT POLICY	50 00 ..... 0 00					X		149,449	0	56,416
(15) SUZANNE LOTHARY ..... DIRECTOR, MARKETING	43 00 ..... 0 00					X		138,750	0	50,985
(16) ROSEANNE FISCHOFF ..... DIRECTOR, SCIENCE, QUALITY & PRACTICE	47 00 ..... 0 00					X		135,961	0	50,703
(17) KRISTA KAUPER ..... SENIOR DIRECTOR, CONSTITUENT RELATIONS & STRATEGIC	49 00 ..... 0 00					X		130,387	0	20,551
(18) CYNTHIA DEL BOCCIO ..... DIRECTOR, EXECUTIVE OFFICE	45 00 ..... 0 00					X		130,285	0	31,645

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,713,573	2,145,969	3,705,750	4,117,608	6,445,618	20,128,518
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,000,521	19,870,126	22,244,068	24,305,211	23,427,450	109,847,376
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	23,714,094	22,016,095	25,949,818	28,422,819	29,873,068	129,975,894
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6 )						129,975,894

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	23,714,094	22,016,095	25,949,818	28,422,819	29,873,068	129,975,894
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	775,293	875,344	1,147,721	1,079,850	1,160,691	5,038,899
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	775,293	875,344	1,147,721	1,079,850	1,160,691	5,038,899
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		721,695				721,695
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )	162,733	118,229	60,857	26,837	27,136	395,792
13 Total support. (Add lines 9, 10c, 11, and 12 )	24,652,120	23,731,363	27,158,396	29,529,506	31,060,895	136,132,280
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	95 480 %	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	94 530 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	3 700 %	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	3 830 %	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance                     | 19,636,441      | 17,196,022    | 14,682,575          | 13,564,807          | 11,322,424         |
| b Contributions                                  | 288,383         | 377,182       | 233,026             | 350,225             | 457,042            |
| c Net investment earnings, gains, and losses     | 947,784         | 2,216,424     | 1,513,981           | -136,306            | 1,287,923          |
| d Grants or scholarships                         | 97,250          | 110,950       |                     | 136,780             | 34,996             |
| e Other expenditures for facilities and programs | 587,571         | -15,263       | 612,888             | 494,319             | 404,420            |
| f Administrative expenses                        | 63,236          | 57,500        | -1,379,328          | -1,534,948          | -936,833           |
| g End of year balance                            | 20,124,551      | 19,636,441    | 17,196,022          | 14,682,575          | 13,564,806         |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

84 980 %
- b

Permanent endowment

11 640 %
- c

Temporarily restricted endowment

3 380 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,549,082		2,549,082
b Buildings		8,442,243	2,578,028	5,864,215
c Leasehold improvements		180,250	63,088	117,162
d Equipment		6,029,083	5,396,211	632,872
e Other		5,150,081	4,757,513	392,568
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,555,899



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	31,721,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-263,899
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	244,807
e	Add lines 2a through 2d . . . . .	2e	-19,092
3	Subtract line 2e from line 1 . . . . .	3	31,740,722
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	152,204
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	152,204
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	31,892,926

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	29,508,775
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	244,807
e	Add lines 2a through 2d . . . . .	2e	244,807
3	Subtract line 2e from line 1 . . . . .	3	29,263,968
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	152,204
b	Other (Describe in Part XIII ) . . . . .	4b	999,853
c	Add lines 4a and 4b . . . . .	4c	1,152,057
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	30,416,025

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED TO SUPPORT THE ACADEMY'S DERMATOLOGICAL ACADEMIC, PHILANTHROPIC, AND STRATEGIC PROGRAM EXPENSES. EACH FUND AND ITS RELATED PURPOSE IS DESCRIBED BELOW. CAMP DISCOVERY - FORMED IN 1993, THE CAMP DISCOVERY FUND IS USED TO SUPPORT 6 CAMPS EACH SUMMER. THESE OFFER CHILDREN THE OPPORTUNITY TO SPEND A WEEK AMONG OTHER YOUNG PEOPLE WHO HAVE SIMILAR SERIOUS SKIN CONDITIONS, SUCH AS THEIR OWN. MANY OF THE COUNSELORS ALSO HAVE SERIOUS SKIN CONDITIONS, AND CAN PROVIDE SUPPORT AND ADVICE TO CAMPER'S EXCELLENCE IN DERMATOLOGY - THIS ENDOWMENT FUND IS TO ENSURE THE ACADEMY'S LONG-TERM ABILITY TO PROMOTE DERMATOLOGY BY SUPPORTING AAD BOARD-APPROVED PROGRAMS/PROJECTS IN THE AREAS OF PUBLIC AND MEDICAL EDUCATION, HEALTH POLICY, RESEARCH AND HUMANITARIAN SUPPORT. SULZBERGER - THE SULZBERGER INSTITUTE FOR DERMATOLOGIC EDUCATION IS THE ARM OF THE AMERICAN ACADEMY OF DERMATOLOGY THAT PROVIDES GRANT SUPPORT FOR INNOVATIVE INITIATIVES IN EDUCATION AND TECHNOLOGY. GRANTS TYPICALLY PROVIDE SEED FUNDS TO HELP DERMATOLOGISTS BEGIN PROJECTS THAT CAN EVENTUALLY IMPROVE PATIENT CARE. WORLD CONGRESS OF DERMATOLOGY FUND - ESTABLISHED IN 1993 FROM THE SURPLUS OF THE 18TH WORLD CONGRESS, THE FUND IS USED TO SUPPORT THE TRAVEL OF YOUNG PEOPLE FROM DEVELOPING COUNTRIES TO ATTEND THE ACADEMY'S ANNUAL MEETING, AND FOR YOUNG DERMATOLOGISTS FROM THE U.S. TO ATTEND MEETINGS IN OTHER COUNTRIES. LILA GRUBER FUND - THE FUND, ESTABLISHED BY MURRAY GRUBER IN 1983, IS USED TO SUPPORT THE ANNUAL MARION B. SULZBERGER, MD MEMORIAL AWARD AND LECTURESHIP. YOUNG INVESTIGATORS AWARD - THE PURPOSE OF THIS FUND, ESTABLISHED IN 1995, IS TO INSTITUTE A SPECIAL AWARD TO RECOGNIZE RESIDENTS AND RESIDENCY PROGRAMS WHICH HAVE CONTRIBUTED TO RESEARCH IN THE FIELD OF DERMATOLOGY. THE AWARD WILL HONOR OUTSTANDING RESEARCH BY DERMATOLOGISTS IN TRAINING IN THE U.S. AND CANADA, AND THE EDUCATIONAL INSTITUTIONS WHICH HAVE SUPPORTED THEIR EFFORTS. PICMED - THE FUND, ESTABLISHED IN 2003, IS USED EXCLUSIVELY TO SUPPORT THE ACTIVITIES OF PICMED (PROGRAM FOR INNOVATIVE CONTINUING MEDICAL EDUCATION IN DERMATOLOGY). THESE ACTIVITIES INCLUDE CREATIVE NEEDS ASSESSMENT MECHANISMS, INNOVATIVE USES OF TECHNOLOGY, UNIQUE APPROACHES TO SPECIFIC SUBJECT MATTER, NOVEL PRESENTATION TECHNIQUES AND UTILIZATION OF EXISTING EDUCATIONAL PARADIGMS IN NEW ENVIRONMENTS.
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ACADEMY AND RECOGNIZE A TAX LIABILITY IF THE ACADEMY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ACADEMY AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014 AND 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. THE ACADEMY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVENTORY COSTS NETTED AGAINST REVENUES 244,807
PART XII, LINE 2D - OTHER ADJUSTMENTS	INVENTORY COSTS NETTED AGAINST REVENUES 244,807
PART XII, LINE 4B - OTHER ADJUSTMENTS	COMPENSATION ALLOCATED FROM AFFILIATED ORGANIZATION 991,253. RETURNED GRANT FUNDS 8,600.

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes ☒ No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3

Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	32			144,217
b Total from continuation sheets to Part I	0	0			81,608
c Totals (add lines 3a and 3b)	0	32			225,825

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )			EUROPE (INCLUDING ICELAND & GREENLAND)	INTERNATIONAL PROGRAMS	25,000	CHECK			
( 2 )									
( 3 )									
( 4 )									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 1
- 3 Enter total number of other organizations or entities . . . . .



Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) INTERNATIONAL PROGRAMS	CENTRAL AMERICA AND THE CARIBBEAN	8	10,500	CHECK			
(2) WORLD CONGRESS	SUB-SAHARAN AFRICA	1	2,009	CHECK			
(3) INTERNATIONAL PROGRAMS	EUROPE (INCLUDING ICELAND & GREENLAND)	10	10,000	CHECK			
(4) WORLD CONGRESS	EUROPE (INCLUDING ICELAND & GREENLAND)	3	4,750	CHECK			
(5) RESIDENTS HOUSING & TRAVEL	NORTH AMERICA	43	8,600	CHECK			
(6) WORLD CONGRESS	MIDDLE EAST AND NORTH AFRICA	1	1,500	CHECK			
(7) INTERNATIONAL PROGRAMS	SOUTH AMERICA	9	18,000	CHECK			
(8) WORLD CONGRESS	SOUTH AMERICA	6	9,000	CHECK			
(9) INTERNATIONAL PROGRAMS	EAST ASIA AND THE PACIFIC	2	2,000	CHECK			
(10) WORLD CONGRESS	EAST ASIA AND THE PACIFIC	3	5,250	CHECK			
(11) INTERNATIONAL PROGRAMS	SOUTH ASIA	1	1,000	CHECK			
(12) WORLD CONGRESS	SOUTH ASIA	1	2,750	CHECK			
(13) INTERNATIONAL PROGRAMS	SUB-SAHARAN AFRICA	1	1,000	CHECK			
(14) INTERNATIONAL PROGRAMS	MIDDLE EAST AND NORTH AFRICA	2	2,000	CHECK			
(15) WORLD CONGRESS	MIDDLE EAST AND NORTH AFRICA	2	3,250	CHECK			
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

**Part V**

**Supplemental Information**  
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	EDUCATIONAL GRANTS ARE PAID OUT AFTER THE ACADEMY RECEIVES THE AGREED UPON EDUCATIONAL RES EARCH FROM THE INSTITUTE TRAVEL GRANTS ARE PAID AFTER RECEIPTS ARE RECEIVED

Additional Data

Software ID:  
Software Version:  
EIN: 41-0793046  
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	9	EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY CONGRESS	MEETING ATTENDANCE	46,274
MIDDLE EAST AND NORTH AFRICA	0	1	INTERNATIONAL SOCIETY OF DERMATOLOGIC SURGERY	MEETING ATTENDANCE	4,743
SOUTH AMERICA	0	3	IBERO LATIN AMERICAN COLLEGE OF DERMATOLOGY CONGRESS	MEETING ATTENDANCE	28,601

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA	0	1	CANADIAN DERMATOLOGY ASSOCIATION	MEETING ATTENDANCE	1,639
NORTH AMERICA	0	1	SPECIALTY LIBRARY ASSOCIATION	MEETING ATTENDANCE	1,073
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	INTERNATIONAL DERMATOLOGY OUTCOME MEASURES	MEETING ATTENDANCE	1,710

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	16	RESIDENT INTERNATIONAL GRANTS	MEETING ATTENDANCE	35,177
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INTERNATIONAL PROGRAMS - GRANTS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	25,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INTERNATIONAL PROGRAMS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	10,500

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,008
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INTERNATIONAL PROGRAMS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	10,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	4,750

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	RESIDENTS HOUSING & TRAVEL	GRANTS TO RECIPIENTS LOCATED IN THE REGION	8,600
MIDDLE EAST AND NORTH AFRICA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	1,500
SOUTH AMERICA	0	0	INTERNATIONAL PROGRAMS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	18,000



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	9,000
EAST ASIA AND THE PACIFIC	0	0	INTERNATIONAL PROGRAMS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,000
EAST ASIA AND THE PACIFIC	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	5,250

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	INTERNATIONAL PROGRAMS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	1,000
SOUTH ASIA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,750
SUB-SAHARAN AFRICA	0	0	INTERNATIONAL PROGRAMS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	1,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	INTERNATIONAL PROGRAMS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,000
EAST ASIA AND THE PACIFIC	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	3,250

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

29

3

Enter total number of other organizations listed in the line 1 table . . . . .

0

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RESIDENT GRANTS - HOUSING AND TRAVEL	618	123,600			
(2) RESIDENT GRANTS - INTERNATIONAL	16	19,500			
(3) INTERNATIONAL VOLUNTEER PROGRAMS	8	12,600			
(4) SULZBERGER INSTITUTE	1	30,000			

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	IF AN ORGANIZATION RECEIVES A GRANT FOR A SHADE STRUCTURE, THE ORGANIZATION, BEFORE IT RECEIVES A CHECK, MUST PROVIDE THE ACADEMY WITH BID DOCUMENTS FROM A CONTRACTOR, A MEMBER OF THE ASSOCIATION ATTENDS THE GROUND BREAKING CEREMONY, AND THE ORGANIZATION PROVIDES THE ACADEMY WITH PICTURES OF THE COMPLETED STRUCTURE EDUCATIONAL GRANTS ARE PAID OUT AFTER THE ACADEMY RECEIVES THE AGREED UPON EDUCATIONAL RESEARCH FROM THE INSTITUTE

Additional Data

Software ID:  
Software Version:  
EIN: 41-0793046  
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF CYPRESS10161 MODDY STREET CYPRESS,CA 90630	95-2920990	501(C)(3)	7,910				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF SARASOTAPO BOX 4068 SARASOTA,FL 34230	59-6211876	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDLEWOOD BRAVES SWIM TEAM10302 BRISTO CENTER DRIVE BRISTOW, VA 20136	54-1968080	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL SQUARE GEN FUND74 SCHOOL DRIVE CENTRAL SQUARE, NY 13036	15-6002160	501(C)(3)	7,168				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY VIEW ELEMENTARY 1023 CITY VIEW DRIVE WICHITA FALLS, TX 76310	75-6005376	501(C)(3)	7,880				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURTNEY'S SANDCASTLE FOUNDATIONBOX 73432 SAN CLEMENTE,CA 92673	27-5063200	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST STEPS AT MONARCH MONTESSORI OF DENVER 4895 PEORIA STREET DENVER, CO 80239	27-2168985	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE NATIONAL ZOOPO BOX 37012 MRC 5516 WASHINGTON,DC 20013	52-0853312	501(C)(3)	80,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GELENA PARK INDEPENDENT SCHOOL DIST14705 WOODFOREST BLVD HOUSTON, TX 77015	74-6000895	501(C)(3)	7,985				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF GREATER BALTIMORE3506 GWYNNBROOK AVENUE OWNINGS MILLS,MD 21117	52-0619002	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KASSON ELEMENTARY19 KASSON ROAD MOATSVILLE,WV 26405	55-6000295	501(C)(3)	7,768				SHADE STRUCTURE GRANT PROGRAM



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE WYLIE ELEMENTARY (CHARLOTEE MECKLENBURG SCHOOLS) 13620 ERWIN ROAD CHARLOTTE,NC 28273	56-6001074	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE DIXIE COMMUNITY ACTION AGENCY209 N 4TH STREET HUGO, OK 74743	73-0772321	501(C)(3)	7,987				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONDON COMMUNITY MUNICIPAL POOL205 W PARK AVENUE LONDON, OH 43140	45-2577853	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN ELEMENTARY 3210 VILLAGE POINT DRIVE CLEMMONS,NC 27012	30-0681628	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSD OF WAYNE TOWNSHIP 1220 S HIGH SCHOOL ROAD INDIANAPOLIS, IN 46241	35-1072270	501(C)(3)	7,719				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH TOPSAIL ELEMENTARY1310 SLOOP POINT LOOP DRIVE HAMPSTEAD, NC 28443	56-2113120	501(C)(3)	7,646				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK GROVE ELEMENTARY 479 OAK DRIVE LEXINGTON, SC 29073	57-0670770	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLDE PROVIDENCE ELEMENTARYPO BOX 470801 CHARLOTTE, NC 28247	45-2663105	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RSU 18 ATWOOD PRIMARY SCHOOL41 HEATH STREET OAKLAND STATE, ME 04963	38-3797283	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JUAN UNIFIED SCHOOL DIST5320 HEMLOCK STREET SACRAMENTO, CA 95481	94-6002533	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDSTONE ELEMENTARY 1440 NUTTER BLVD BILLINGS, MT 59105	81-0465204	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF BROWARD COUNTY900 SE 3RD AVENUE FORT LAUDERDALE, FL 33316	59-0624463	501(C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAY & PARKPO BOX 11407 BIRMINGHAM,AL 35246	20-0173831	501(C)(3)	15,990				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNV HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	20,000				SULZBERGER INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIGHAM & WOMAN'S HOSPITAL INC75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	5,000				SULZBERGER INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKE'S ROOSEVELT111 AMSTERDAM AVE NEW YORK, NY 10025	13-2997301	501(C)(3)	5,000				SULZBERGER INSTITUTE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SHORE LU MEDICALPO BOX 5051 NEW YORK, NY 10087	45-3023019	501(C)(3)	10,000				PICMED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DERMATOLOGY FOUNDATION1560 SHERMAN AVE EVANSTON,IL 60201	04-6115524	501(C)(3)	39,600				DELEGATES/OTHER ORGANIZATIONS/AADA

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a		No
		4b		No
		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		No
		5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a	Yes	
		6b	Yes	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	Yes	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS IS ALLOWED FOR THE PRESIDENT, SECRETARY-TREASURERS, AND EXECUTIVE DIRECTOR/CEO , BY WRITTEN POLICY, ON FLIGHTS OF THREE HOURS OR MORE TRAVEL FOR COMPANIONS, BY WRITTEN POLICY, FOR THE PRESIDENT, SECRETARY-TREASURERS, AND EXECUTIVE DIRECTOR/CEO, MAY BE ALLOWED WHEN TRAVELING AS AN OFFICIAL REPRESENTATIVE OF THE ACADEMY FOR WHICH THE EXPECTED LENGTH OF STAY IS THREE DAYS OR LONGER, OR AT WHICH THE SOCIAL ACTIVITIES ARE A STRONG COMPONENT OF THE MEETING ON OCCASION, RECOGNIZED STAFF RECEIVE GIFT CARDS WITH VALUES RANGING FROM \$25-\$200, THE VALUE OF THESE CARDS ARE GROSS-UP AND INCLUDED IN THE EMPLOYEES W-2
PART I, LINE 6	INCENTIVE COMPENSATION PROGRAM FOR ALL LEVELS OF STAFF HAVE A GOAL ON REACHING TARGET FOR OPERATING-INCOME
PART I, LINE 7	THE ORGANIZATION PROVIDES SPOT BONUSES FOR ACCOMPLISHMENT OF SIGNIFICANT WORK/ITEMS THE FOLLOWING BONUSES WERE APPROVED BY THE EXECUTIVE DIRECTOR STEVE DEBNAR - SUPERSTAR BONUS \$750 SARAH TANCREDI - SUPERSTAR BONUS \$1,000 MELANIE TOLLEY HALL - SUPERSTAR BONUS \$1,000 & SIGN-ON BONUS \$15,000 ERIK HORN - SUPERSTAR BONUS \$750 CYNTHIA DEL BOCCIO - SUPERSTAR BONUS \$750
PART I, LINE 8	INITIAL CONTRACT EXCEPTION IN FORCE FOR CONTRACT WITH EXECUTIVE DIRECTOR THE ORGANIZATION FOLLOWS STRINGENT GUIDELINES DESIGNED TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR APPLICABLE COMPENSATION ARRANGEMENTS SEE SCHEDULE O EXPLANATION APPLICABLE TO PART VI LINE 15 FOR FURTHER EXPLANATION OF THE COMPENSATION PROCESS

Additional Data

Software ID:  
Software Version:  
EIN: 41-0793046  
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUZANNE M OLBRICHT MD, SECRETARY-TREASURER OF THE BOARD	(i)	157,000	0	0	0	0	157,000	0
	(ii)	0	0	0	0	0	0	0
1 ELAINE C WEISS, EXECUTIVE DIRECTOR & CEO	(i)	387,289	106,763	10,095	136,753	27,519	668,419	0
	(ii)	0	0	0	0	0	0	0
2 STEVEN J DEBNAR, CHIEF FINANCIAL OFFICER	(i)	140,308	12,864	1,249	26,281	29,622	210,324	0
	(ii)	0	0	0	0	0	0	0
3 BARBARA GREENAN, SENIOR DIRECTOR, ADVOCACY & POLICY	(i)	224,691	13,979	660	38,264	4,086	281,680	0
	(ii)	0	0	0	0	0	0	0
4 SARAH TANCREDI, MANAGING DIRECTOR, ADMINISTRATION	(i)	207,038	15,491	7,740	36,510	28,213	294,992	0
	(ii)	0	0	0	0	0	0	0
5 NAHEED ALI, SENIOR DIRECTOR, COMMUNITY, CORPORAT	(i)	189,179	18,535	552	35,393	21,563	265,222	0
	(ii)	0	0	0	0	0	0	0
6 MELANIE TOLLEY HALL, SENIOR DIRECTOR, INTEGRATED COMMUNIC	(i)	177,525	16,000	1,518	18,770	20,859	234,672	0
	(ii)	0	0	0	0	0	0	0
7 ERIK HORN, DIRECTOR, INFORMATION TECHNOLOGY	(i)	159,414	13,803	400	25,902	3,236	202,755	0
	(ii)	0	0	0	0	0	0	0
8 SHAWN FRIESEN, DIRECTOR, LEGISLATIVE, POLITICAL & G	(i)	159,094	14,161	240	28,688	28,538	230,721	0
	(ii)	0	0	0	0	0	0	0
9 TIMOTHY MOSES, DIRECTOR, MEETINGS & CONVENTIONS	(i)	154,367	13,169	552	28,053	9,412	205,553	0
	(ii)	0	0	0	0	0	0	0
10 DEBRA GIST, SENIOR DIRECTOR, EDUCATION	(i)	143,068	12,740	17,784	27,784	11,354	212,730	0
	(ii)	0	0	0	0	0	0	0
11 LARA LOWERY, DIRECTOR, CREATIVE & PUBLISHING	(i)	142,833	10,739	360	20,688	11,019	185,639	0
	(ii)	0	0	0	0	0	0	0
12 LESLIE LLOYD, DIRECTOR, REGULATORY & PAYMENT POLIC	(i)	139,862	9,227	360	25,432	30,984	205,865	0
	(ii)	0	0	0	0	0	0	0
13 SUZANNE LOTHARY, DIRECTOR, MARKETING	(i)	130,226	8,230	294	24,416	26,569	189,735	0
	(ii)	0	0	0	0	0	0	0
14 ROSEANNE FISCHOFF, DIRECTOR, SCIENCE, QUALITY & PRACTIC	(i)	125,869	9,768	324	17,458	33,245	186,664	0
	(ii)	0	0	0	0	0	0	0
15 KRISTA KAUPER, SENIOR DIRECTOR, CONSTITUENT RELATIO	(i)	126,419	0	3,968	13,940	6,611	150,938	0
	(ii)	0	0	0	0	0	0	0
16 CYNTHIA DEL BOCCIO, DIRECTOR, EXECUTIVE OFFICE	(i)	118,284	11,360	641	21,337	10,308	161,930	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	22	325,560	COST - WEB & VENDOR
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				No
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number  41-0793046
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AAD IS AN ASSOCIATION REPRESENTING APPROXIMATELY 19,000 DERMATOLOGISTS, WHO BECOME MEMBERS OF THE ACADEMY THE ACADEMY HAS TEN CLASSES OF MEMBERS BUT ONLY FELLOWS AND LIFE AND HONORARY MEMBERS WHO WERE FELLOWS ARE ELIGIBLE TO VOTE AND SERVE IN ANY ELECTIVE OFFICE MEMBERS ANNUALLY ELECT THE PRESIDENT TO A THREE YEAR TERM AS PRESIDENT ELECT, PRESIDENT, AND PAST PRESIDENT AND VICE-PRESIDENT TO TWO YEAR TERM AS VICE-PRESIDENT ELECT AND VICE PRESIDENT ADDITIONALLY, MEMBERS ALSO ELECT FOUR DIRECTORS TO SERVE A FOUR YEAR TERM PROPOSED AMENDMENTS TO THE BY-LAWS BY THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION OF LINE 6 ABOVE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE EXPLANATION OF LINE 6 ABOVE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD RETAINED THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990 MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN IS POSTED ON A SECURED WEB SITE FOR THEIR REVIEW BOARD MEMBERS ARE GIVEN A REASONABLE PERIOD OF TIME TO CONTACT EITHER MANAGEMENT OR THE CPA FIRM WITH ANY QUESTIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>OFFICERS, DIRECTORS, COMMITTEE MEMBERS, EDITORS, SPEAKERS, AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION DETAILED BELOW IS THE DISCLOSURE PROCESS DISCLOSURE PROCESS 1 THE INDIVIDUALS COVERED ARE REQUIRED TO ELECTRONICALLY SUBMIT A DISCLOSURE STATEMENT ACKNOWLEDGING A DUTY TO SERVE THE ACADEMY IN GOOD FAITH AND WITH UNDIVIDED LOYALTY THESE INDIVIDUALS ARE TO DESCRIBE ALL PERSONAL OR PROFESSIONAL CIRCUMSTANCES WHICH MIGHT CREATE A POTENTIAL CONFLICT OF INTEREST WITH THE INTERESTS OF THE ACADEMY ACCOMPANYING THIS POLICY STATEMENT AS EXHIBIT A IS A SAMPLE COPY OF SUCH A DISCLOSURE STATEMENT MEMBERS WHO DO NOT SUBMIT A YEARLY CONFLICT OF INTEREST DISCLOSURE, MAY LOSE THE RIGHT TO HOLD OFFICE AND SERVE IN THE GOVERNANCE STRUCTURE AND, EXCEPT IN UNUSUAL CIRCUMSTANCES APPROVED IN ADVANCE BY THE BOARD OF DIRECTORS, TO PARTICIPATE IN ACADEMY PROGRAMS AS A FACULTY MEMBER, PRESENTER, OR SCIENTIFIC EXHIBIT CONTRIBUTOR REVIEW PROCESS 1 OFFICERS, DIRECTORS, CHAIRS AND MEMBERS OF COUNCILS, COMMITTEES, AND TASK FORCES, THE EDITORS OF JAAD AND SENIOR STAFF WILL SUBMIT THEIR STATEMENTS DIRECTLY ONTO THE ACADEMY WEBSITE WITH OVERSIGHT BY THE SECRETARY TREASURER 2 THE STATEMENTS ARE PROVIDED AT EVERY COMMITTEE MEETING TO ALL COMMITTEE MEMBERS IF NECESSARY, THE CHAIRMEN WILL FORWARD THOSE THAT APPEAR TO HAVE CONFLICTS WHICH COULD PREVENT THEM FROM SERVING TO THE SECRETARY-TREASURER WITH ANY RELEVANT OBSERVATIONS OR RECOMMENDATIONS 3 THE SECRETARY-TREASURER WILL REVIEW ALL STATEMENTS SUBMITTED FOR FURTHER REVIEW AND IF NECESSARY WILL FORWARD TO THE ETHICS COMMITTEE, WHILE AT THE SAME TIME INFORMING THE BOARD OF DIRECTORS OF ANY CONFLICTS THAT APPEAR ESPECIALLY SIGNIFICANT IF FURTHER CLARIFICATION IS NEEDED THE ETHICS COMMITTEE WILL UTILIZE THE ACADEMY OVERSIGHT COMMITTEE 4 THE ETHICS COMMITTEE WILL REVIEW AND INITIATE ANY REQUEST FOR FURTHER INFORMATION AND PROMPTLY PREPARE A REPORT TO THE SECRETARY-TREASURER REGARDING ITS FINDINGS THE SECRETARY-TREASURER WILL REPORT TO THE BOARD OF DIRECTORS ON ANY ITEMS FOUND BY THE COMMITTEE TO BE OF SPECIAL SIGNIFICANCE ALL ELECTRONIC DISCLOSURE STATEMENTS WILL BE RETAINED ON THE ACADEMY SERVER THEY WILL BE AVAILABLE ELECTRONICALLY FOR REVIEW BY MEMBERS OF THE BOARD OF DIRECTORS AND STAFF, AND UPON REQUEST BY ACADEMY MEMBERS THEY WILL BE AVAILABLE TO THE COUNCIL, COMMITTEE AND TASK FORCE MEMBERS TO REVIEW PRIOR TO ALL CONFERENCE CALLS AND MEETINGS ALL MEMBERS FILING AN ANNUAL DISCLOSURE STATEMENT WILL BE OBLIGATED TO PROMPTLY UPDATE ANY CHANGE IN CIRCUMSTANCES WHICH MIGHT GIVE RISE TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST MEMBERS ALSO SHOULD VERBALLY DISCLOSE AND UPDATE THEIR CONFLICT OF INTEREST FORM FOR ANY RELEVANT CONFLICTS THAT MAY OCCUR DURING A CONFERENCE CALL OR MEETING THAT DO NOT ALREADY APPEAR ON THE DISCLOSURE FORM CHAIRS OF COUNCILS, COMMITTEE AND TASK FORCES ARE REQUIRED TO INCLUDE IN THE SUMMATION REPORT ANY CONFLICT OF INTERESTS THAT HAVE BEEN EXPRESSED BY A MEMBER DURING A MEETING OR CONFERENCE CALL</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE EXECUTIVE DIRECTOR IT HAS BEEN STANDARD PRACTICE FOR THE ACADEMY TO COMPLY WITH THE INTERNAL REVENUE CODES SECTION 4958, FOLLOWING BEST PRACTICES FOR ENSURING COMPLIANCE AND ESTABLISHING A REBUTTABLE PRESUMPTION OF REASONABLENESS AS IT RELATES TO COMPENSATION THE ACADEMY USES FAIR MARKET VALUE TO DETERMINE CASH AND NON-CASH COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO FAIR MARKET VALUE IS BASED ON MARKET DATA MARKET DATA MAY BE COLLECTED FROM A VARIETY OF METHODS, INCLUDING PUBLISHED OR OFF THE SHELVES SURVEYS, SURVEYS MANAGED BY THIRD PARTY CONSULTANTS, COMPENSATION ANALYSIS PERFORMED BY THIRD PARTY CONSULTANTS, AND SURVEYS MANAGED BY A GROUP OF ORGANIZATIONS THE COMPETITIVE MARKET IS TYPICALLY DEFINED IN TERMS OF REVENUE AND COMPANY SIZE TO DEFINE COMPETITIVE MARKET THE ACADEMY CONSIDERS THE FOLLOWING AS VALID RESOURCES FOR COMPARABLE MARKET DATA COMPANIES WITH SIMILAR OPERATING BUDGET, COMPANIES WITH ROUGHLY SAME NUMBER OF EMPLOYEES, AND COMPANIES WHO OPERATE UNDER LIKE CIRCUMSTANCES COMPENSATION DECISIONS ARE RECOMMENDED BY THE COMPENSATION COMMITTEE THAT CONSISTS OF INDEPENDENT OFFICERS OF THE BOARD OF DIRECTORS AND APPROVED BY THE BOARD OF DIRECTORS THE DECISIONS ARE BASED ON ANALYSIS OF COMPARABLE MARKET DATA OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION KEY EMPLOYEES OF THE ORGANIZATION'S COMPENSATION ARE DETERMINED IN THE SAME FASHION OF THE EXECUTIVE DIRECTOR ALTHOUGH THEIR COMPENSATION DECISIONS ARE APPROVED BY THE EXECUTIVE DIRECTOR</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ACADEMY'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE ON THE ACADEMY'S WEB SITE FOR THE MEMBERSHIP AND PUBLIC TO VIEW THE ANNUAL FINANCIAL STATEMENTS ARE PUBLISHED IN DERMATOLOGY WORLD, THE ACADEMY'S MAGAZINE, AND ARE AVAILABLE ON GUIDESTAR

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM AADA 699,720 OFFICER COMPENSATION ALLOCATED TO AADA 991,253 RETURNED GRANT FUNDS 8,600



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC 930 EAST WOODFIELD RD  SCHAUMBURG, IL 60173 36-4367987	TO REPRESENT THE INTERESTS OF DERMATOLOGISTS AND THEIR PATIENTS	IL	501(C)(6)				No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC	Q	699,720	FAIR MARKET VALUE

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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